

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000006034 (1)**

1. Corporation Name

PROFNET OF WEST PALM BEACH, INC.



Principal Place of Business	Mailing Address
2300 PALM BEACH LAKES BLVD., SUITE 209 WEST PALM BEACH FL 33409	2300 PALM BEACH LAKES BLVD., SUITE 209 WEST PALM BEACH FL 33409

2. Principal Place of Business	2a. Mailing Address
21 1615 Forum Place	26 1615 Forum Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1A	27 Suite 1A
City & State	City & State
23 West Palm Beach, FL	28 West Palm Beach, FL
Zip	Zip
24 33401	29 33401
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	
12/18/1995	
4. FEI Number	Applied For
65-0560775	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
EDWARDS, MICHAEL R 2300 PALM BEACH LAKES BLVD., SUITE 209 WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name Fountain, David L.
82 Street Address (P.O. Box Number Is Not Acceptable) 1615 Forum Place
83 Suite 1A
84 City West Palm Beach FL
85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE David L Fountain **2-25-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, MICHAEL R	1.2 NAME	FOUNTAIN, DAVID
STREET ADDRESS	2300 PALM BEACH LAKES BLVD., SUITE 209	1.3 STREET ADDRESS	1615 Forum Place, Suite 1A
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOUNTAIN, DAVID	2.2 NAME	GREENWALD, JEFF
STREET ADDRESS	515 N. FLAGLER DR., #300P	2.3 STREET ADDRESS	701 Northpoint Parkway
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMUELLER, DOUGLAS	3.2 NAME	TRYON, MARGARET H.
STREET ADDRESS	3095 S. MILITARY TRAIL, STE. 19	3.3 STREET ADDRESS	4871 Okeechobee Blvd.
CITY-ST-ZIP	LAKE WORTH FL 33463-2108	3.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUSO, ILEANA	4.2 NAME	L J MARGOLIS
STREET ADDRESS	1109 OLD OKEECHOBEE ROAD	4.3 STREET ADDRESS	1860 Forest Hill Blvd, #107
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David L Fountain **2-25-98** **683-5582**
561

CR2E037 (10/97)